



Internal Use Only	
Date	_____
Agent	_____
Code	_____

# Coverage Assessment

Please review the following questionnaire

## Profile

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Phone \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

## Potential Liabilities

### Health Insurance

Do you already have a ConnectForHealthCo account.....  Yes  No  
 Is your personal account attached to your employer account.....  Yes  No  
 Do you already have a primary care physician.....  Yes  No  
 Are you currently taking prescription medications.....  Yes  No

Describe any health coverage you currently have(VA, Union, etc).....  
 If Yes, who is your carrier \_\_\_\_\_  
 which plans do you have \_\_\_\_\_  
 Are you trying to replace any Plans that you currently have in place.....

Do you have a dental plan .....  Yes  No  
 Do you have a vision plan .....  Yes  No  
 Do you have a hearing plan .....  Yes  No

*In most cases, these three services have waiting periods for the more expensive type procedures, and are not generally covered by Medicare...*

### Additional Coverages

Do you currently qualify for Medicaid or a special needs program.....  Yes  No  
 Do you have a Medicare account.....  Yes  No  
 If Yes, do you have a Supplement policy.....  Yes  No





### Hospitalization Plan

Do you currently have a hospitalization plan with out-of-pocket expenses.....  Yes  No  
Do you have resources to pay for hospital and other services, out-of-pocket.....  Yes  No

### Life Coverage

Do you have liquid resources to cover funeral costs, settle all debts .....  Yes  No  
Do you currently have a Life insurance policy  Yes  No  
Do you have enough Life insurance .....  Yes  No  
Do you have the resources to leave a legacy.....  Yes  No

*Medicare - does not cover funeral costs...*

### Supplemental Coverage

Do you have a Plan B for income, if you get sick or hurt and cannot work.....  Yes  No  
Do you have resources to cover the out-of-pocket cost of a cancer diagnosis  Yes  No  
Does Cancer, Heart attack, Stroke, Diabetes or Kidney Disease run in the family  Yes  No

*Some plans require submission of claims per procedure, while others pay a lump sum benefit*

### Medicare

Are you currently receiving Medicare Benefits  
Are you entitled to Medicare Part A  
Are you enrolled in Medicare Part B  
Have you enrolled in a Prescription Drug Plan

### Long Term Care Insurance (LTC)

Do you have the resources to pay for multiple nursing home stays.....  Yes  No  
Do you have Long-Term Care (LTC) Coverage.....  Yes  No

*A short stay at an assisted living facility can cost thousands...*

### Retirement Income

Do you have accumulated assets that you want to protect.....  Yes  No  
Do you currently have stocks, bonds, mutual funds account.....  Yes  No  
Do you currently have an Annuity policy .....  Yes  No  
Do you have a retirement savings account .....  Yes  No

### Based on your answers:

We would like to send you some helpful information on the following coverage(s)

**You are under No Obligation!**

Health	Ancillary	Life	Supplemental	LTC	Retirement	Group

